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tine is required to stiffen. Gelatine is extracted by great pressure from the horns, hoofs, hides and bones of animals and purified with sulphuric acid. Isinglass, a very pure form, is made from the air bladder of the sturgeon.

PREPARATION FOR AN OPERATION IN A PRIVATE HOUSE

By L. GERTRUDE ARMSTRONG, R.N.

Supervising Operating-Room Nurse, Samaritan Hospital, Troy, New York

In preparing a room for operation in a private home, there are many things to be considered. The most important, perhaps, is to prepare it with the least possible expense to the family.

Select a room as near as possible to the room where your patient expects to convalesce. The largest room in the house is not necessary, convenience is what is needed.

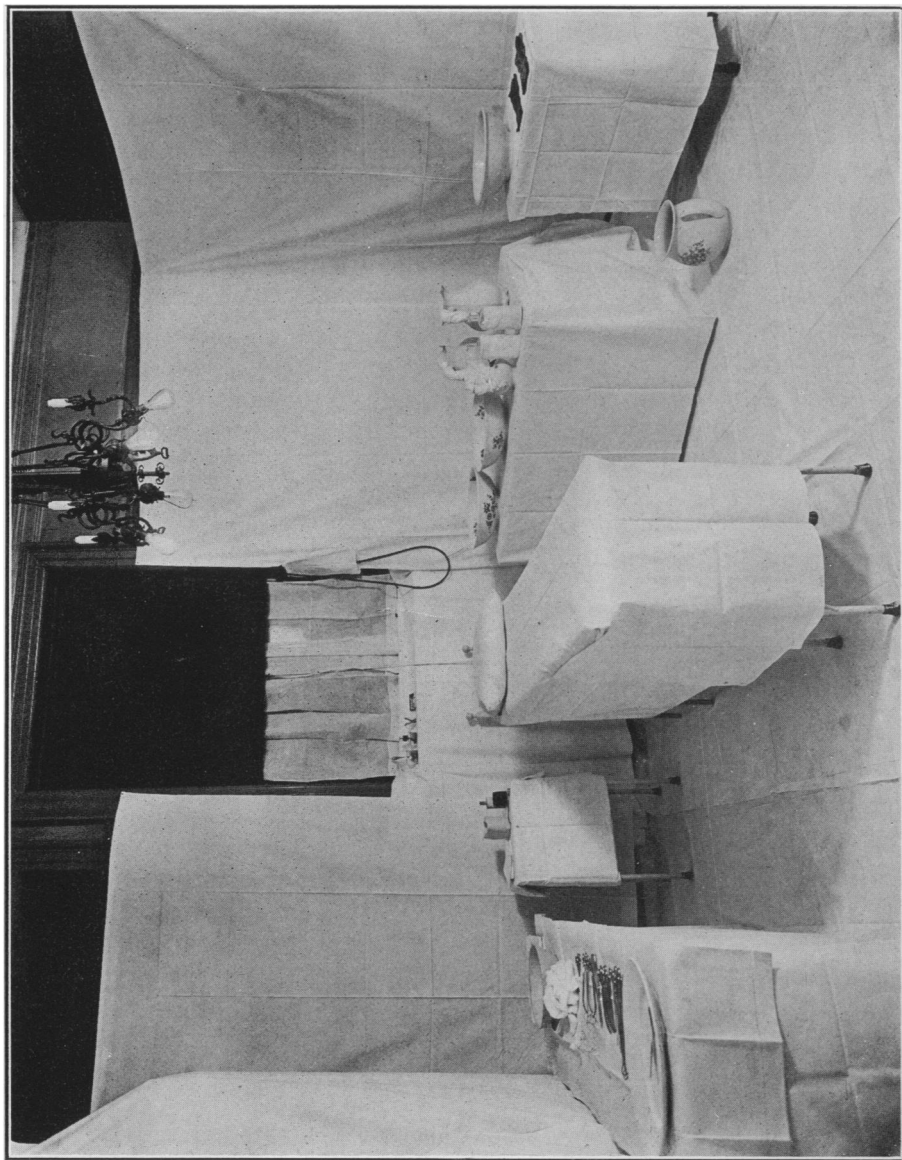
The room presented in the accompanying photograph is a room improvised as an operating-room in a private home. It is one of the private rooms in the hospital and was arranged for a clinic to the nurses in training. We shall have to admit that one cannot always arrange a room quite as elaborately as the one presented here, but it shows what can be done with the material at hand.

To arrange a good room, the nurse should precede the doctor by several hours, or arrive the day before, if possible. Should there be a scarcity of sheets, the walls need not be draped, but it does save time, as the pictures, etc., on the walls can be covered by them and the sheets intensify the light to a great extent. If there is time, remove the carpet; otherwise cover the floor with newspapers and place sheets around the field of operation just before it is to take place.

If you will study the room presented here, you will find with the exception of sheets (it took fourteen to complete this room) no other hospital convenience. You may have to call on a friendly neighbor for a stand or so, but one can nearly always get along with articles found about the house.

On entering the home we think first of sterile water and at once put a boiler on to sterilize, so as to have plenty of it cooling. Then, with the aid of some member of the house, we gather all things needed, getting them together before arranging the room.

It may be interesting to know what was used in preparing the room presented here. The operating table, in the center of the room, is made with two small stands and the door of an old wardrobe for the top. This



ROOM ARRANGED FOR OPERATION IN A PRIVATE HOUSE

is covered with an old comfortable and draped with a sheet. A kitchen table, with a small stand at the head would do, but be sure and tie the legs of the tables together to prevent them from separating.

To the left of the operating table is the stand for dressings and instruments. This stand is an ordinary packing case covered with an old blanket and draped with a sheet. Two small stands could be used with an ironing board across them. The basin for sponges is an ordinary vegetable dish and a meat platter is used for an instrument tray. To the right of the operating table is the stand for solutions, and this stand is a large trunk. The basins, found in almost any household, contain sterile water and bi-chloride of mercury, 1-1000. The two large pitchers are for hot and cold water. The bottles contain a soap solution, made by pouring hot water over small pieces of soap, and a 50 per cent solution of alcohol. The small pitcher holds a 1-1000 solution of bi-chloride of mercury, to be used in preparing the patient on the table. The water used for preparing the patient is in the irrigating bag on the wall at the head of operating table. This same bag may be used for douching, also for hypodermoclysis, etc.

The small table to the right of the solution stand is a kitchen table, and is used for gloves. In private homes, the gloves are sterilized by boiling, so this means that an extra basin, with sterile water, is really needed, although the sterile water solution basin could be used.

The window bench is used here for the apparatus for stimulation. It consists of a hypo set containing all kinds of stimulation, a small alcohol lamp, matches, a glass of sterile water and a spoon. The spoon, water and alcohol lamp are to be used for sterilizing the needle.

The anaesthetic stand can be almost anything, from a small box to a stand. The inhaler here is a newspaper folded in a towel with a piece of gauze fluffed inside. The jar on the floor is to be used for soiled sponges. All china and tinware used can be boiled and placed in a clean receptacle until ready for use. A good improvised sterilizer for towels, sheets, etc., can be made by placing two bricks upright at each end of an ordinary boiler, $\frac{1}{4}$ filled with water, or just enough water to cover the bricks. Over these is placed a broad perforated board. Articles to be sterilized are put into packages, placed on top of the board, the cover is placed on the boiler and the water is allowed to boil for half an hour or so. The packages are then taken out and placed in an oven to dry out. Instead of the perforated board, a large piece of unbleached muslin can be slung across the boiler tied at the handles, and the dressings, etc., are placed in that.

The sterilizing can be going on while the room is being prepared. The room is arranged unsterile, and sterile articles are not touched until the nurse has scrubbed her hands.

The patient is usually prepared on the table.

Personally I have never done any private nursing, but have had a wide experience in preparing homes, arranging rooms of all kinds and conveniences, from the poor family back in the country to the convenient home in the city.

I should be glad to give any suggestions to those interested.

THE GENERALIZATION OF SPECIAL WORK¹

By ARMENIA E. YOUNG, R.N.

Graduate of Butler Hospital, Providence, Rhode Island

The question has been asked, wherein does the training of the nurse in the general hospital differ from the training of the nurse in the special hospital for nervous and mental diseases? Dr. Hall, I think it was, very cleverly answered the question by saying that the nurse in the general hospital is taught to specialize in the care of physical diseases, and the nurse in the special hospital is taught to generalize in the care of nervous diseases. When we consider this answer carefully, it is not so contradictory as at first it may appear.

It is not my purpose, however, to point out the difference in the training of the general and special nurse, but rather to show how general the work of the special nurse becomes in caring for the nervous or mentally sick in their own homes, especially if she is one of the efficient members of her profession, and wishes to make her services in any marked degree helpful to her patient and the community. The great need for this kind of nursing is very plainly spoken of in Miss Callahan's paper in the March, 1913, number of *THE AMERICAN JOURNAL OF NURSING*. She says:

One neurologist states that 20 per cent of his cases could not possibly be placed in hospitals, and that 20 per cent more could be cared for at home, if he could find a sufficient number of nurses capable of giving the kind of care necessary for their recovery. Then add the large number of nervous invalids, neurasthenics and border-line cases, all entitled to correct care and advice to prevent their going on to active insanity, and I think you will agree with me, when I say that the young woman who adopts the profession of trained nurse and does not familiarize herself with the needs of the nervous and the insane, cannot quite "read her title clear," as she is not prepared to do her whole duty by the sick.

In the first place, the nurse who cares for the nervous or mentally sick must take into consideration that her cases will be long ones, and

¹ Read at a semi-annual meeting of the Butler Hospital Alumnae Association.